

PSJ3

Exhibit 198

From:

David Joranson <joranson@facstaff.wisc.edu>

To:

amgilson <amgilson@facstaff.wisc.edu>

Date:

Mon, 09 Sep 2002 08:43:43 -0500

>To: kaiko

>From: David Joranson <joranson@facstaff.wisc.edu>

>Subject: following up

>Bcc: gilson, ryan

>

>Thanks for your time today Bob,

>

>Here are the points I would make about the value of our work:

>

>USA:

>

>1-We have improved knowledge and attitudes of state med board members

>about pain and opioids through many

>workshops: <http://www.medsch.wisc.edu/painpolicy/publicat/01jpsm/index.htm>

> JDH was a great faculty member and got his exposure to the state

> issues and people he now uses

>2-We have improved state medical board policies:

><http://www.medsch.wisc.edu/painpolicy/publicat/02jpsm1/index.htm>

> Many states now have improved pain/opioid policies that address

> concerns about regulatory scrutiny; we developed much of it

> from behind the scenes, we wrote the two models that states have

> used, the medical board guidelines from CA and the model

> guidelines of the federation of state medical boards, at

> <http://www.medsch.wisc.edu/painpolicy/domestic/model.htm>

>3-We maintain a state pain policy data base on website at

><http://www.medsch.wisc.edu/painpolicy/matrix.htm> Free access to all, this

>is used frequently by many in the company to find out the current

>status of the policies in their state or states and given to

>physicians who typically know little about their own med boards policies

>4-Evaluation of state policies for impediments to the use of opioids for

>pain:

><http://www.medsch.wisc.edu/painpolicy/eguide2000/index.html> widely

>used by Purdue and partners; the state profiles have been used to revise

>and improve pain related policies in NY, MI, KS, FL, TX, other

>states. We are now updating the state policy data base, and are preparing

>a report card, funded by Robt Wood Johnson

> Foundation (probably last grant)

>5-We have played a central role in achieving consensus with DEA about the

>need for balanced responses to abuse and diversion of pain medications:

><http://www.medsch.wisc.edu/painpolicy/dea01.htm>

>6-We have studied possible barriers in a sample of pharmacists to better

>understand why some legitimate prescriptions don't get filled:

> <http://www.medsch.wisc.edu/painpolicy/publicat/01japhak/index.htm>

>7-We have studied the trends in medical use and abuse and diversion of

>opioid analgesics and placed the findings in the context

>of "balance": <http://www.medsch.wisc.edu/painpolicy/jama.htm> These

>data are now being updated through 2001 and will soon be submitted

>for publication

>8-We organized an 'engagement' between the pain and prescription

>monitoring people to improve communication and understanding between law

>enforcement and clinicians:

><http://www.medsch.wisc.edu/painpolicy/publicat/02jpsm2/index.htm>;

><http://www.medsch.wisc.edu/painpolicy/domestic/diversion.htm>

>9-We provide thoughtful analyses of the state pain policies adopted in the
>last
>year: <http://www.medsch.wisc.edu/painpolicy/publicat/01annrev/contents.htm>
>10-We communicate all our new products to an extensive email notification
>list, with a link to the product
>
>International
>
>1-We prepared WHO guidelines for evaluating national narcotics laws to
>determine if they have the elements necessary to ensure
>adequate availability of opioid analgesics, endorsed by the INCB:
><http://www.medsch.wisc.edu/painpolicy/publicat/00whoabi/00whoabi.htm>;
>I have presented these to regulators in China and governments all
>over Asia, through annual talks to the JICWELS seminars sponsored
>by the Japanese govt
>2-We have begun to put the WHO guidelines into action with workshops in
>Latin America, Eastern Europe, Africa, bringing together under WHO
>auspices representatives of narcotics control, cancer, AIDS, pain and
>palliative care to develop action plans for modifying policy and
>improving patient access: not on website yet but I am attaching my slides
>for the workshop held in Gaborone, Botswana to give you a
>flavor. we have action plans for 17 countries that need to be implemented.
>3-We have demonstrated that it is possible in a developing country like
>India to ensure consistent availability of morphine to the patient
>(and without diversion), a goal that has been otherwise
>elusive...:<http://www.medsch.wisc.edu/painpolicy/publicat/01lancet/contents.htm>;
>a second report on the progress in India was just published in JPSM,
>August, 2002, I will send it to you.
>4-We assisted the Italian authorities to revise their national narcotics
>control policy working with a commission member, the article is
>in press in the European Journal of Cancer Care.
>5-We publish the quarterly newsletter for WHO, Cancer Pain Release, which
>is inserted in JPSM and in Medicina Palliativa and widely distributed
>in the world. this has been particularly hard to fund because everyone is
>used to getting it for nothing: <http://www.WHOcancerpain.wisc.edu/>
>6-For more information about our work around the world, please see our
>annual
>reports <http://www.medsch.wisc.edu/painpolicy/publicat/annrepts.htm> (we
>also communicate our new products to a large international email list)
>
>In the future, we would like to
>
>USA
> Provide regularly updated internet access to state pain policies
> (they are dynamic!)
> Publish report card in 2003, again in three years to measure change
> Monitor and report on changes in state policies
> Update our website access to key resource materials
> Provide technical assistance to those who want to change policy
> Consider a report on prior authorization policies
>
>International
> Serve as a resource for experts, various initiatives around the world
> Develop opportunities to put WHO Guidelines for Achieving Balance
> into action
> Follow up and implement action plans for 17 countries and publish
> results
> Mexico initiative?
> In depth study of opioid trends and patterns in the world
> Fellowships for champions and regulators
> Monitor/participate in INCB and WHO activities
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>I will look forward to your reactions

>
>Best regards,
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>
>David

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